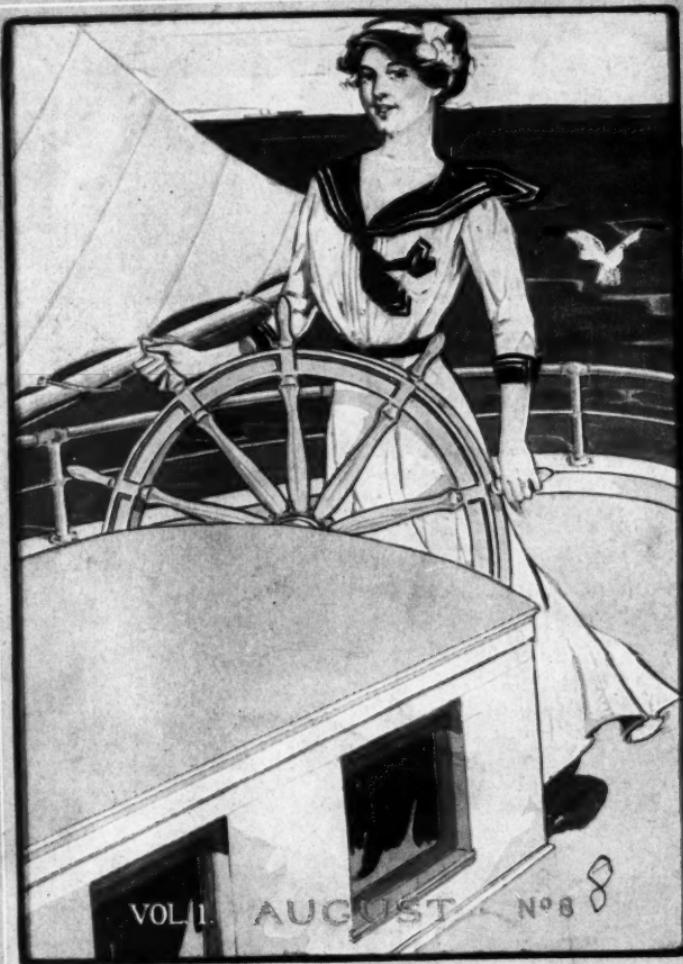


ORAL HYGIENE

A JOURNAL FOR DENTISTS

EDITED BY GEORGE EDWIN HUNT M.D.D.D.S.



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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME I.

NUMBER VIII.

AUGUST, 1911

MAY BE SOMEHOW GOOD

By ROSS A. ADAMS, D. D. S., Denver, Colo.

**Examination and Clinical Work for Children Not Necessarily
Educative—Believes Best Work Can Be Done Among Higher
Graded Pupils and in High Schools—Dentists,
Physicians and Teachers Are Responsible**

In this "campaign of education" what is it we desire to accomplish, anyway? As I understand it, we want everybody, big, little, young and old, in this country to know and understand that if they keep the oral cavity clean, they will have fewer decayed teeth and be much less liable to have the various oral lesions, diphtheria, pneumonia, tuberculosis, etc. Since there is probably not 1/100 of 1% of the people in this country who know and appreciate what oral hygiene means, this subject then becomes a matter of educating the whole nation, or in other words, evolution. In its final analysis it certainly means just that. Anything that contributes to this end is good and should be encouraged. It seems to be generally conceded that

most of our energies should be directed toward the young—the rising generation. It is the next generation whom we hope to have know, think and act different from the present in matters pertaining to oral hygiene.

However, energy directed toward the older people is not wasted. Many of them can be influenced, some even to such an extent that they will take up the good work themselves, and others prevented from throwing a sprag into the wheels of progress.

Our endeavors so far have been principally through the press and from the platform, reaching largely the grown-ups—admittedly not the best or most effective—and through the examination of the oral cavity of the children in the

lower grades in our public schools. For the well being of the child, this is a splendid thing to do, but it occurs to me that as an educative procedure, it is not very effective, owing to the youthfulness of those examined and the perfunctory way in which it is carried out. The mere examination of the oral cavity of lower grade children, or even the filling of their teeth, is not *educating* them, except in an incidental way. The thing we want them to know is that oral lesions lead to ill health and that oral cleanliness prevents oral lesions. Owing to the age of those we are examining, I don't believe they could possibly appreciate the situation even if we went into the matter in detail with them.

It occurs to me the most effective work can be done in the higher grades and in the high schools. It is these pupils who can understand the baneful influence of an unsanitary oral cavity. They are old enough to reason from cause to effect. They will understand when it is explained to them that decayed and aching teeth means poorly masticated food; that an unsanitary oral cavity means contaminated food; that contaminated and poorly masticated food means poor digestion; that poor digestion means poor assimilation; that poor assimilation means a poorly nourished body; that a poorly nourished body harbors a less active brain, as well as being less able to ward off disease.

The bulk of the older people—those who have the cares of

the business side of life—have neither the time nor inclination to take up these new ideas, and the lower grade pupils cannot comprehend them, so, to me, it seems logical to give some attention to those who, and at a time when, they are acquiring knowledge and forming habits that they will put into practice during life.

Whatever method or methods used in doing this educating, who is in a position to carry it out? Who comes in contact with the rising generation in an educative way? Mainly dentists, physicians and teachers. Now are the dentists themselves fully educated in this matter and are they so trained as to effectually impart this knowledge to others? Most assuredly not. And the physicians and teachers, are they? No, a thousand times no. Then how are we to go about this business of educating the Nation—this evolution?

First, we must start with ourselves. Those who are now in practice are being reached rather effectually through the magazines and from the platform in our societies, but those about to enter the profession, the students in our dental colleges—the very place where real and lasting good can be accomplished—the very time when this thing can be made real and vital—are they receiving the attention which this subject merits? If I am rightly informed, they are not. Until all our dental colleges fully awaken to a just sense of their responsibility in this matter we cannot hope for the best. Since

the dentists now in practice cannot bring about this complete change, then those entering the profession must be prepared to step in and carry on the work, so it is the duty of the colleges to make oral hygienists of their students as well as reparative dentists. Dental students should be taught the broad and more enlightened meaning of oral hygiene, for it is now recognized that in any community a good oral hygienist can be of greater benefit than a good reparative dentist. The dentist of tomorrow must be first an oral hygienist and second a reparative dentist.

Next the physician. He must be educated along the lines of oral hygiene and aroused to a greater interest in this movement. Those who are already in practice can be influenced during our daily intercourse with them and through their professional magazines. We must see to it that more and better articles are gotten into the physicians' magazines. Those about to enter the med-

ical profession—the very ones who can be most effectually reached, can be trained during his college course. Their textbooks must have more oral hygiene in them and we must not let up until every medical college in this country has a thorough and complete course of lectures on oral hygiene.

Now the teacher: They can be reached in much the same way as the physician. Through personal contact, their professional magazines, text books and lectures on oral hygiene in their training schools and colleges.

Much good has been and is being accomplished by our present tactics, as everyone who is at all observant will admit, but it does seem to me that if we will supplement our present efforts by directing more attention to educating those whose business is educating others, paying special attention to those who are about to quit school work and enter upon the activities of life, we will reach our goal more surely and quickly.

REPORT OF DENTAL HYGIENE COUNCIL OF THE NEW YORK STATE DENTAL SOCIETY

By JOHN OPPIE McCALL, D.D.S., Chairman

(Continued from page 505.)

The Committee on Institutions herewith submit the following report:

The work of securing the following information regarding the dental conditions of the state penal and charitable institutions

has been a source of pleasure; because it seems the psychological moment had arrived for the work. Out of the twenty-five institutions corresponded with all but two replied to our first letter. The two institutions not replying to our first letter replied immediately on receipt of the second.

The replies, especially from the larger institutions, are complete, giving details and making recommendations that show thought and interest in the matter. Also expressions of appreciation for our efforts were received. Kathryn I. Hewett, Superintendent of the New York State Training School for Girls at Hudson: "I am sure your efforts to help the State charitable and penal institutions of New York State will be appreciated."

Martin J. Moore, Sup't of the Reformatory at Hart's Island says: "I thank you in advance for any kindness of this nature brought about through your endeavors."

John Joseph Nutt, Surgeon-in-Chief and Superintendent of the New York State Hospital for the care of Crippled and Deformed Children at West Haverstraw writes: "As your profession is closely associated with the American Medical Association I wish we could become associated in this work too. I will be glad to hear from you further in regard to the matter."

It is the universal spirit of cooperation that has made this work a pleasure.

Your committee addressed the following letter to the following institutions:

"At the last meeting of the New York State Dental Society, action was taken looking toward the betterment of the dental conditions of the inmates of the state charitable and penal institutions.

A committee was appointed to communicate with the officers of the several institutions inquiring whether in their judgment the inmates would be benefited by dental services:

We therefore submit the following questions for your consideration, and beg the favor of an early reply to be incorporated in our annual report in May, 1911.

1. (a) Do you have a dentist on your staff? (b) How is he appointed?

2. How much time does he give per month?

3. (a) What does he receive from the state? (b) For what

class of dental work, as extracting, etc.?

4. What equipment does the state furnish him, as chair, instruments, etc.?

5. What percentage of inmates are able to pay for dental work?

6. Do you consider dental work necessary to the health of inmates?

7. Have you any recommendations to make as to dental work in your institution?

Any courtesies you may extend will be greatly appreciated."

Yours truly,
Chairman.

NAMES OF THE INSTITUTIONS.

New York State Hospital for the care of Crippled and Deformed Children, West Haverstraw.

New York State Soldiers' and Sailors' Home, Bath.

Long Island State Hospital, Brooklyn.

New York State Reformatory for Women, Bedford Hills.

Thomas Indian School, Iroquois.

New York Training School for Girls, Hudson.

New York State Custodial Asylum for Feeble-Minded Women, Newark.

Rome State Custodial Asylum, Rome.

New York State Woman's Relief Corps Home, Oxford.

New York House of Refuge, Randall's Island.

Syracuse State Institution for Feeble-Minded Children, Syracuse.

New York State School for the Blind, Batavia.

Craig Colony for Epileptics, Soneyea.

State Agricultural and Industrial School, Industry.

Western House of Refuge for Women, Albion.

New York State Hospital for the Treatment of Incipient Pulmonary Tuberculosis, Ray Brook.

Eastern New York Reformatory, Napanoch.

New York State Reformatory, Elmira.

New York State Hospital, Dannemora.

Matteawan State Hospital, Fishkill-on-Hudson.

House of Correction, Hart's Island.

New York County Penitentiary, Blackwell's Island.

Auburn Prison, Auburn.

Sing Sing Prison, Ossining.

Clinton Prison, Dannemora.

Tabulating these replies as best we can we have something like the following:

Q. 1. (a) Eight institutions have a dentist on their staff.

Seventeen institutions have no dentist on their staff.

Q. 1. (b) The answers indicate that there is no uniformity in the selection of a dentist.

Two are appointed by Supt. of institution.

Two are appointed by board of managers.

Two are appointed by supervisor from Civil Service list.

One is appointed by physician, with approval board.

One is appointed by Commissioner of Department of Correction.

(One is employed by warden and agent.)

(Three are convict dentists.)

Q. 2. Partly by estimating and from figures given us we find that for the approximate 19,000 charges in the above institutions, not as much work is performed for them as five dentists would ordinarily perform working eight hours per day and twenty-five days per month.

Or one dentist for 3,800 inmates.

Or one dentist performing services for as many of the state's charges as four dentists would do for the same number of the more fortunate.

Q. 3. (a) For these services the state does not pay out over \$250.00 per month.

(b) The work done is principally extracting, plastic filling and cleaning. In a few institutions plate work is included. If the inmate has a credit balance he can have gold fillings and crown and bridge work by paying for same.

Q. 4. The state has fully equipped offices for five of the institutions, and furnished twelve

with chair and foot engine. Several have nothing more than extraction forceps.

Q. 5. The answers run from none, very small, 1 per cent, 20 per cent, 50 per cent, and nearly all.

Q. 6. Three of the institutions made no reply. Twenty-two said "Yes", some of them said "emphatically yes."

Q. 7. One author recommends free services of dentist.

Two are "satisfied with present conditions."

Wm. L. Russell, M. D., Superintendent of Long Island State Hospital, and also Medical Inspector for the State Commission in Lunacy, writes: "A resident dentist should be employed in every State Hospital in the state, who should give his whole time to the work". In his report to the State Commission in Lunacy he makes the following recommendation: "The amount of dental work done is, however, I believe, less than it should be. The gums and teeth of the patients are frequently in bad condition, and the attention required to put them in good shape is very great. In some of the hospitals it is difficult to secure the services of a competent dentist, and at best the time for which he is engaged is too short for what is needed. In the largest hospitals, there would no doubt be constant work for a resident dentist who might be a salaried officer. At the other hospitals a salaried dentist might be employed who could attend to the work of two or more. The results in the improved health and comfort of the patients, and in the sanitary conditions, would more than repay the expense involved. A resident dentist is employed in at least one state hospital in another state."

A number of others have expressed themselves along the same lines, but not so completely.

Respectfully,

L. A. TIMERMAN, *Chairman*,
Fort Plain.

A. S. MOORE, Schenectady.

C. E. ALLEN, Albany.

Committee.

The report of the Commit-

tee on Medical Profession is as follows:

In order to call the attention of the authorities of the different private hospitals and institutions of the state to the dental hygienic condition, the following letter was framed and addressed to about eighty-five hospitals:—

MY DEAR DOCTOR:

In the progress of a study of the Oral Hygiene methods adopted by the different state institutions and private hospitals, I take the liberty of addressing to you the following questions:—

1. Are your nurses' teeth examined upon entering the hospitals for caries, fistulae, or pyorrhea pockets, syphilitic lesions, or ulcerations.

2. How often are these examinations made thereafter?

3. Are they made by a medical or dental member of the staff?

4. Are your surgeons' mouths covered with sterile gauze during major surgical operations?

5. Do your nurses receive lectures upon the subject of physiology of the oral cavity and oral hygiene?

6. What oral hygiene technique is carried out with the ward patients.

A response to these questions will be appreciated by this section of the New York State Dental Society. We will be pleased to send you a tabulation of our findings with suggestions at a later date.

Respectfully yours.

About seventeen per cent of these hospitals responded which was very gratifying, as this seemed to be a good introductory procedure for the future communication of a more instructive character.

The synopsis of the replies were as follows:

Question 1. Are your nurses' teeth examined upon entering the hospitals for caries, fistulae, or pyorrhea pockets, syphilitic lesions, or ulcerations?

Examined on entering 8

Examination requested before entering 4

Negative reports 2

Question 2. How often are these examinations made thereafter?

Examinations semiannually 1

Examinations yearly 1

Voluntary examination outside of institution 4

No systematic method followed 6

No report 2

Question 3. Are they made by a medical or dental member of the staff.

Dental 3

Medical 2

Examination annually, not by hospital attendant 5

No answer 4

Question 4. Are your surgeons' mouths covered with sterile gauze during major surgical operations?

Compulsory technique 10

Selected technique 2

No answer 2

Question 5. Do your nurses receive lectures upon the subject of physiology or the oral cavity and oral hygiene?

Special lectures by dentists 0

In general course 12

No lectures 1

No answer 1

Question 6. What oral hygiene technique is carried out with the ward patients?

Regular diet, patients' teeth cleansed twice daily with listerine or H O and water. Patients on fluid diet after each nourishment. (Vassar Bros. Hospital, Poughkeepsie, N. Y.)

Lemon juice and glycerine after each meal or more frequent. (Albany Hospital, Albany, N. Y.)

Selective treatment by staff 1

Mouth wash and tooth brush when patient is able except in typhoid when nurse always cleans the patient's teeth. (Samaritan Hospital, Troy, N. Y.)

General cleanliness and care is carried out with considerable attention. (Cumberland Street Hospital, Brooklyn, N. Y.)

Free supply of brushes and wash constantly 5

When required 2

None in normal cases 2

It is to be noted that the responses show some attention to the nurses' examinations. The

(Continued on page 628.)

THE FINAL FIGURES

By WILLIAM G. EBERSOLE, M. D., D. D. S., Cleveland, O.

We present below the figures of the first and last tests of the Marion School Squad, of Cleveland, Ohio, promised in our last issue. These tests were conducted by the school authorities on lines laid down by a psychological expert. The tests show a remarkable increase in efficiency, a class average increase of practically one hundred percent.—The Editor.

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Jacob Bernstein.				
Memory	51.65	54.85	3.2	6.21%
Spontaneous Association....	57.75	64.35	6.6	11.41%
Addition	19.	33.	14.	73.68%
Association by Opposites....	54.	73.	19.	35.18%
Quickness and Accuracy of				
Perception	40.5	59.	18.5	45.67%
Or a total gain of 34.43% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Lillian Cohen.				
Memory	29.9	46.5	16.6	55.51%
Spontaneous Association....	31.35	79.2	47.85	152.63%
Addition	37.	49.	12.	32.43%
Association by Opposites....	43.	59.	16.	37.21%
Quickness and Accuracy of				
Perception	39.75	52.25	12.5	31.44%
Or a total gain of 61.84% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Helen Cohen.				
Memory	53.25	46.55	6.7	12.58%
Spontaneous Association....	46.2	64.35	18.15	39.28%
Addition	28.	35.	7.	25. %
Association by Opposites....	21.	54.	33.	157.14%
Quickness and Accuracy of				
Perception	42.25	66.75	24.5	58. %
Or a total gain of 53.368% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Hannah Cohen.				
Memory	34.9	31.6	3.3	9.45%
Spontaneous Association....	8.25	19.3	11.05	133.84%
Addition	12.	27.	15.	125. %
Association by Opposites....	3.	23.	20.	666.67%
Quickness and Accuracy of				
Perception	3.	42.25	39.25	1308.33%
Or a total gain of 444.878% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Ben Dimendstein.				
Memory	66.65	66.6	.05	.07%
Spontaneous Association....	74.25	90.75	16.5	22.22%
Addition	46.	63.	17.	36.95%
Association by Opposites....	59.	92.	33.	55.93%
Quickness and Accuracy of				
Perception	41.5	60.5	19.	45.78%
Or a total gain of 32.162% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Harry Freeman.				
Memory	36.55	59.95	23.4	64.02%
Spontaneous Association....	70.95	84.15	13.2	18.6 %
Addition	35.	55.	20.	57.14%
Association by Opposites....	50.	83.	33.	66. %
Quickness and Accuracy of				
Perception	24.	47.25	23.25	96.87%
Or a total gain of 60.526% after deducting the losses.				
Frieda Goldman.				
Memory	44.95	39.95	5.	11.12%
Spontaneous Association....	55.75	64.35	8.6	15.42%
Addition	34.	37.	3.	8.82%
Association by Opposites....	35.	70.	35.	100. %
Quickness and accuracy of				
Perception	26.	47.25	21.25	81.73%
Or a total gain of 38.97% after deducting the losses.				
Ida Goldman.				
Memory	40.	34.9	5.1	12.75%
Spontaneous Association....	42.35	61.05	18.7	44.15%
Addition	23.	25.	2.	8.69%
Association by Opposites....	10.	49.	39.	390. %
Quickness and Accuracy of				
Perception	28.	50.25	22.25	79.1 %
Or a total gain of 101.838% after deducting the losses.				
Beckie Goldstein.				
Memory	55.	46.65	8.35	15.18%
Spontaneous Association....	42.9	24.75	18.15	42.3 %
Addition	40.	53.	13.	32.5 %
Association by Opposites....	24.	54.	30.	125. %
Quickness and Accuracy of				
Perception	42.75	57.75	15.	35.08%
Or a total gain of 27.02% after deducting the losses.				
Lillian Gottfried.				
Memory	48.3	54.95	6.65	13.76%
Spontaneous Association....	47.85	64.35	16.5	34.48%
Addition	37.	46.	9.	24.32%
Association by Opposites....	51.	77.	26.	50.98%
Quickness and Accuracy of				
Perception	43.5	69.25	25.75	59.19%
Or a total gain of 36.546% after deducting the losses.				
Isadore Grey.				
Memory	48.3	54.85	6.55	13.56%
Spontaneous Association....	72.6	74.25	1.65	2.27%
Addition	51.	69.	18.	35.29%
Association by Opposites....	38.	57.	19.	50. %
Quickness and Accuracy of				
Perception	35.	56.75	21.75	62.14%
Or a total gain of 32.652% after deducting the losses.				
Gussie Hammerschlak.				
Memory	36.6	56.65	20.05	54.77%
Spontaneous Association....	42.9	80.85	37.95	88.45%
Addition	48.	51.	3.	6.25%

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Association by Opposites....	24.	61.	37.	154.17%

Quickness and Accuracy of

Perception 33.8 49.75 15.95 47.19%

Or a total gain of 70.166% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Samuel Katzel.				
Memory	44.9	51.6	6.7	14.92%
Spontaneous Association....	46.2	47.75	1.55	3.35%
Addition	76.	93.	17.	22.37%
Association by Opposites....	48.	67.	19.	39.58%

Quickness and Accuracy of

Perception 42.25 63.5 21.25 50.29%

Or a total gain of 26.102% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Sol Katzel.				
Memory	44.85	49.9	5.05	11.26%
Spontaneous Association....	41.25	79.2	37.95	92. %
Addition	62.	91.	29.	46.77%
Association by Opposites....	53.	71.	18.	33.96%

Quickness and Accuracy of

Perception 35.25 61. 25.75 73.05%

Or a total gain of 51.408% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Beatrice Kramer.				
Memory	36.65	44.95	8.3	22.64%
Spontaneous Association....	39.6	47.85	8.25	20.83%
Addition	35.	55.	20.	57.14%
Association by Opposites....	37.	61.	24.	64.86%

Quickness and Accuracy of

Perception 51.25 61.25 10. 19.51%

Or a total gain of 37% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Morris Krause.				
Memory	20.	43.3	23.3	116.5 %
Spontaneous Association....	29.7	52.8	23.1	77.77%
Addition	30.	50.	20.	66.66%
Association by Opposites....	5.	26.	21.	420. %

Quickness and Accuracy of

Perception 27. 54.5 27.5 101.85%

Or a total gain of 156.556% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Rose Lieberman.				
Memory	43.3	38.3	5.	11.54%
Spontaneous Association....	51.15	54.45	3.3	6.45%
Addition	25.	27.	2.	8. %
Association by Opposites....	26.	66.	40.	153.84%

Quickness and Accuracy of

Perception 24.75 48.75 24. 96.96%

Or a total gain of 50.742% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Sarah Macklin.				
Memory	44.95	46.55	1.6	3.56%
Spontaneous Association....	28.05	44.55	16.5	58.82%
Addition	32.	28.	4.	12.5 %
Association by Opposites....	35.	64.	29.	82.85%

Quickness and Accuracy of

Perception 37. 55.95 18.95 51.21%

Or a total gain of 36.788% after deducting the losses.

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Abe Meyer.				
Memory	39.95	36.55	3.4	8.51%
Spontaneous Association	56.1	80.85	24.75	44.11%
Addition	17.	29.	12.	70.59%
Association by Opposites	46.	84.	38.	82.61%
Quickness and Accuracy of Perception	21.25	40.25	19.	89.41%
Or a total gain of 55.642% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Anna Pankuch.				
Memory	36.6	54.35	17.75	48.49%
Spontaneous Association	49.5	75.9	26.4	53.33%
Addition	30.	41.	11.	36.67%
Association by Opposites	49.	74.	25.	42.85%
Quickness and Accuracy of Perception	42.5	56.75	14.25	33.53%
Or a total gain of 42.974% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Selma Perlich.				
Memory	53.3	49.85	3.45	6.47%
Spontaneous Association	34.65	47.85	13.2	38.09%
Addition	37.	44.	7.	18.91%
Association by Opposites	45.	81.	36.	80. %
Quickness and Accuracy of Perception	37.25	68.75	31.5	84.72%
Or a total gain of 43.048% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Rachel Somers.				
Memory	36.45	54.9	18.45	50.61%
Spontaneous Association	27.05	70.95	43.9	162.25%
Addition	19.	39.	20.	105.26%
Association by Opposites	12.	25.	13.	108.33%
Quickness and Accuracy of Perception	36.	68.5	32.5	90.28%
Or a total gain of 103.566% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Bertha Semlakowsky.				
Memory	50.	51.55	1.55	3.1 %
Spontaneous Association	77.55	90.75	13.2	17.02%
Addition	25.	29.	4.	16. %
Association by Opposites	12.	42.	30.	250. %
Quickness and Accuracy of Perception	51.5	68.5	17.	33. %
Or a total gain of 63.824% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Lillian Semlakowsky.				
Memory	38.25	36.45	1.8	4.7 %
Spontaneous Association	42.9	57.75	14.85	34.62%
Addition	16.	17.	1.	6.25%
Association by Opposites	0.	45.	45.	4500. %
Quickness and Accuracy of Perception	36.75	57.25	20.5	55.75%
Or a total gain of 918.384% after deducting the losses.				

	Begin-	Pres-	Differ-	Per Cent of
	ning	ent	ence	Gain or Loss
Frank Silverstein.				
Memory	46.6	51.6	5.	10.73%
Spontaneous Association	56.1	69.3	13.2	23.53%

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Addition	45.	59.	14.	31.11%
Association by Opposites	55.	84.	29.	52.72%
Quickness ¹ and Accuracy of Perception	31.	67.	36.	116.13%

Or a total gain of 46.844% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Joseph Todd.	61.45	59.75	1.7	2.76%
Memory	47.85	57.75	9.9	20.68%
Spontaneous Association	15.	22.	7.	46.67%
Addition	37.	71.	34.	91.89%
Quickness and Accuracy of Perception	52.25	64.5	12.25	23.44%

Or a total gain of 35.984% after deducting the losses.

	Begin- ning	Pres- ent	Differ- ence	Per Cent of Gain or Loss
Helen Wright.	29.95	43.2	13.25	44.24%
Memory	75.9	80.85	4.95	6.52%
Spontaneous Association	29.	32.	3.	10.35%
Addition	59.	82.	23.	38.98%
Quickness and Accuracy of Perception	42.75	69.25	26.5	61.98%

Or a total gain of 32.414% after deducting the losses.

The average increase in working efficiency for the entire class of twenty-seven children is 99.8%.

COMMON SENSE

This and subsequent papers by the same author are not meant to be treatises in "business building," or on "how to conduct a practice." They are designed to constitute an intelligent discussion of the average prices paid dentists for several standard operations and the time necessary to properly perform those operations.

A small proportion of those who receive this magazine may find the papers unprofitable. In all large cities and in some small ones, there are a few dentists to whom professional success and financial success are synonymous terms. In spite of that, however, it is an obvious fact that a large proportion of dentists, if they live on the same scale as their peers in other walks in life, fail to accumulate a competency against the time when failing eyesight or other bodily ills compels retirement from practice.

Any comment on the articles will be forwarded to the author, who desires to preserve his anonymity.—The Editor.

FOREWORD.

The study and discussion of these papers is invited. There are thousands of men over this country who have good, practical ideas on the subject, but who have refrained from publishing them because they realized the hopelessness of even making a dent in the minds of the profession, which, from a business standpoint, seem pretty well ossified. What I want to do is to get the individual dentist, you who are now reading these words, into a state of mind, a condition of mentality, where you will *stick, study, THINK and ACT*, and *not imagine* that all the time, expense and trouble expended on the subject matter is intended for the benefit of "the other fel-

low." If you believe that you are perfect, that *your* prices are right, that *yours* is the only proper way to make prices and collections, and that the "other fellow" is in error, I beg you to read what I have to say with care and understanding.

Do you know that less than ten per cent of dentists know the actual cost to them of doing the standard operations performed? Do *you*, the reader of this article, know the cost of conducting your practice? Have you ever figured what it costs you to do business? Do you know how to do it, now it has been called to your attention?

Every sane, grown person realizes that if he expects to make a living in dentistry, he must handle money because, in this age, money forms the basis of barter, and all material things necessary to existence are bought with and sold for money. The practice of dentistry is many sided and all phases of it must be handled by the practitioner. The payment of expenses, living, the accumulation of a competency for old age, all these belong to the financial side of the problem, and that side must be considered as well as the ethical, artistic and scientific, if the life of the practitioner is to be a completely successful one. No man can be said to have rounded out a successful life who dies dependent on others for his support and leaves, perhaps, a widow and orphans dependent on the charity of the community.

There was a time, in manu-

facturing and in commerce, when "costs" were not so important as now; when the prices asked were so much more than the articles really cost to manufacture, that the large margin permitted the ignoring of costs. Years ago scarcely any of even the big manufacturers knew within a dollar or two what it cost to manufacture their products. But now they know to a cent. They have to know or go to the wall. The necessity caused by competition forced them to learn and the learning was well worth the while. And this is what the dentist must now consider. Hence these papers.

It is not my purpose to ask dentists to raise prices all along the line, just on general principles, but to show you where you are wrong in your price making, on several operations; to show you that your sense of comparison between cost of production and price of selling—to put it in strictly commercial terms—is highly defective, defective beyond that of men in any other walk in life of which I have knowledge. If I can do this; if I can get you to **THINK, STUDY and ACT**, you will regulate your prices on a business-like basis because you *know*, and not on the haphazard reason of "needing the money."

1. WHY WE SHOULD CONSIDER FINANCES.

This is a world of comparisons. If a man is short in stature it is known he is short by comparing his height with the average height of man. If a

man can run swiftly, his fleetness of foot is known by comparing his speed to that of other runners. If a man is strong, his strength is known by testing it against the strength of his fellow men. But if this man had grown up in an isolated, otherwise uninhabited locality, he could not say whether he were tall or short, swift or slow, strong or weak, as compared with other men. In commerce, if a man sells you something for five dollars that lasts you one year, and another man sells you another article for five dollars which performs the same service and lasts you five years, you know by comparison that the latter is giving you five times as much for your money as the former. And as everything else is comparative, so is remuneration for professional services comparative. Therefore, let us compare ourselves with other professional men; those who treat, as we do, the various organs and tissues of the human body.

Compared with other body specialists, oculists, aurists, rhinologists, orthopedic surgeons and the like, dentists are the hardest worked, least appreciated and the poorest paid of all. This is an assertion capable of proof. In my estimation we rank as high professionally as other specialists; we have as good a quality of brain fiber and have made and are making as much progress in advancing our profession; we are recruited from the same ranks; and yet these other men have placed their specialties on

a higher plane and have taught the general public to so consider them. What is the reason? Does not the conduct of a high-class dental practice involve as much physical and mental strain, must we not be as familiar with the local anatomy, must not our technic be as perfect, as is the case with other specialists? Then why are we not accorded the same consideration by the public? In my opinion, it is our own fault.

Nose and throat specialists charge \$5.00 for the first call and \$2.00 for each visit thereafter. These latter visits average from seven to ten minutes in length, and I have had one specialist tell me he can treat from thirty to forty patients from 8:00 A. M. to 1:00 P. M. Eighty dollars for five hours' work is \$16.00 per hour, and this is outside of hospital work. This man is no exception. There are many others like him in every large city.

Does this make you think? Can you come anywhere near it? It takes as much nervous force, an equal knowledge of local anatomy, and greater skill to treat and fill the canals of a molar as it does to remove adenoids. I have seen \$50.00 cheerfully paid for the removal of the tonsils when, if a dentist had anæsthetized the same person and removed four or five teeth and made a charge of \$10.00, the patient would have howled with indignation and disapproval. Why is this? Whose fault is it? Our fault, every time. Our services command just the value we place upon them. Our work is just

as difficult and important as that of the throat specialist and if our patients were educated to believe this, they would pay us prices in proportion.

From another viewpoint, is it right that a dentist should take the risks he does in operations about the mouth for such small remuneration? Is it fair to himself or his family? In case of trouble, not counting death, but minor accidents only, he is liable to a suit for damages of from \$2,000 to \$10,000. Our fees should be in proportion to our risk. It is folly to give a general anæsthetic for one or two dollars and take this risk. Let us take a leaf out of the life insurance companies' methods and "compare" them with ours. They are past-masters when it comes to figuring out costs in rela-

tion to risks. They are specialists in that line.

Let us assume they write a \$5,000 policy. Their risk is \$5,000. For that risk they will charge \$25 per thousand, or \$125. Now, many surgical operations cost the patient \$125 and, by comparison, the risk to the operator is even less than to the insurance company in issuing a \$5,000 policy, but think what the dental profession charges for the same risk. The insurance company will only pay \$5,000 on that \$125 risk in case of death, whereas the dentist may be called upon to pay that much in damages for minor accidents only.

It is these and various other phases of our professional life which prompt me to write this opening paper on why we should consider the financial aspect of our professional life.

PROFESSIONAL PROGRESS

By JOSEPH N. KATZ, D.D.S., Pittsburg, Pa.

Read Before the W. D. Miller Dental Club, Pittsburg, Pa.

This is a restless age; this is an age of great things; this is an age of marvelous progress; no slipshod methods will do in it. This is an age of which our own Dr. Perry of New York says: "One sensation is no sooner over than another one is looked for. The art of talking through the air by wireless is no sooner acquired than flying through the air follows, and those marvels are forgotten the moment the discovery of the North Pole is an-

nounced." Can the dental profession contentedly sit and say "thus far and no further"? I believe not. A year has passed since our last meeting and much good has been done, but what about the future? Whence shall we derive inspiration for greater efforts? Who will show the way?

One who is observant cannot fail to be impressed with the three great movements that are just now holding the attention of the dental profession. I

scarcely need mention them; oral prophylaxis, the gold inlay and dental business science. All over this broad land of ours these subjects are being vigorously discussed. Our journals are replete with learned essays and dissertations concerning their great value; our own little club has contributed some to the gold inlay, and as for business science, why, much of our time of the past session and a great portion of our present one is being utilized in a consideration thereof; and while much enlightenment may ensue through intelligent discussion upon any subject, yet the writer fears that the results thus far attained do not justify the expenditure of time and thought placed thereon. My deductions upon the question of dental business science may alarm you, but if you will quietly think it over you may reach the same conclusions. I believe that the contributed articles to business science are very valuable, but by no means should they occupy such a prominent place as has been accorded them in some dental journals. The writer has given this matter considerable attention. I am familiar with all of the literature written upon this subject and verbally, as you know, I have contributed quite a good deal myself, and while my sympathies are with the movement, I fail to perceive where it has made any material progress thus far. I am willing to concede that here and there now and then an individual with an inner consciousness of being ill paid for

his services, has taken heed and profited by these suggestions, but I venture to say that the great majority are as poverty-stricken now as before this so-called movement made its *debut*. And why? In all the so-called "business articles" written and commented on we fail to observe the root of the evil. The claim is made that we dentists are not properly compensated for our services, and we don't dispute that, and I ask you, why aren't we properly compensated? Can it be that dentists are so well provided with worldly goods that they want no higher fees than those they are receiving; can it be that they are such fools as not to take any better ones than those they are getting? There is something at fault somewhere. Are the colleges at fault? My belief is that the colleges should not be held culpable for this condition, as so many are wont to blame the colleges for everything under the sun. Supposing the dental colleges should inaugurate a course of lectures on "how to run a dental practice successfully," what guarantee have we that it would be carried out any more in daily practice than other methods of practice are being carried out? Do we fill root canals as we have been taught at college? Do we make crowns, etc., as has been taught us in our alma mater? What assurances have we, then, that business procedure would be carried out if it were taught there? Then where is the trouble? Let us pause for a moment and see if we cannot

make a correct diagnosis. My belief is that the solution to this problem lies in education. Not "business building" education, but education in its broadest sense, and here is the place where the college may be of service to us. Education will be the means of raising the financial status of the rank and file of the dental profession. The truly educated dentist, as well as physician, will not have to be told that he is selling services and not materials. These "business building" articles may have some temporary value; when one reads them, perhaps upon the spur of the moment he becomes imbued with the so-called "Big Idea," but it is only ephemeral, fleeting, as it were, sooner or later it passes into oblivion, but it is otherwise with educated men and women. I have strong doubts whether an educated dentist would openly advocate one kind of treatment for one class of people and a different kind for another, as was recently advocated in one of our journals. I have no fault to find with the men who are writing. They are sincere in their beliefs, but I believe that they are on the wrong track.

Dentistry is frequently mentioned as a branch of the healing art, and no sane man will deny that it is. We stand ever ready to relieve suffering humanity of its dental ills, I care not one iota whether my molar aches me or the appendix veriform ails me, both put me out of business, only one may be a little graver in its conse-

quences, but both are unpleasant affairs. In our classification as a branch of the healing art, I think that perhaps our proper place would be along the "nose and throat man"; these two are working almost in the same territory, and yet what a vast difference as regards fees. Do they make examinations for a "thank you"? Yes, if it is accompanied by a five or ten-dollar bill. For the swabbing of the throat with a solution of AgNo₃ a fee of two dollars is charged. Did they get this education of medical colleges, or journals? I doubt it. I don't believe they have any clubs where they congregate and fix up fee bills. There is something inherent in them that encourages them to get good fees, and that something is "education." Many a tonsillectomy is not more difficult to perform than the removal of a so-called wisdom tooth, yet one receives a minimum fee of twenty-five dollars, while the other gets fifty cents, and so it goes.

We would care very little if dentists by their low fees and standards would only impoverish themselves; there would be very little to complain of, but by so doing they have lessened the value of the dental organs to the world. Think of it, my friends, the dental organs, the most complicated organisms in the animal economy, are so ruthlessly sacrificed, some on account of ignorance and others due to indolence. Worldly things are being judged by the value placed thereon. If a tooth is extracted for fifty

cents what value must it have to the possessor? If an amalgam filling costs seventy-five cents or a dollar, what conception does a patient receive of the value of dental services. I think a great deal of harm has been wrought in this low prices to humanity's teeth. If a patient were charged ten dollars for the extraction of a tooth, there would be fewer teeth sacrificed. If a silver filling would cost the patient ten dollars, oral prophylaxis would receive an impetus that would stagger your imagination. How oft do we hear people say, "I don't want to bother with my teeth; I'll pull them all out and get a new set of them; they only cost ten dollars." Outside of a monetary value they do not think of their teeth; they have been trained that way. I hear an echo murmuring, "O, well! these are the common people that talk thus; the better element of our people think more of their dental organs." Perhaps they do, but what about the common people? Was it not of them that Abraham Lincoln said that the "Lord must have loved them, for he made so many of them"? It's the common people that need sound teeth, more so than the rich, for the former are doing the work of the world.

Again I hear some one crying, "Utopia, chimerical, you are dreaming;" this talk about "higher education" is good for the coming generation; raise the standard for those that are to come in, for that will lessen competition, but what about those that are in now, and I

say the same thing: Educate them. Form clubs for the purpose of self-improvement, attend lectures on science; improve your musical education if you have any, and if you haven't, acquire it. Life is a school from which we never graduate. There is no end to it. Dentistry has a wonderful literature, and how little of it is read. How many men subscribe to the dental journals? And if they do, they don't read them. Too busy, too busy to read, is the cry. I am in a position to come in contact with men who sell medical books, and upon questioning them for dental books they invariably reply, "We haven't any, we don't publish dental books; dentists don't buy books." And isn't this true? Examine the average dentist's library and see what you will find there in the way of dental books. It is a standing disgrace to the dental profession that most of their valuable literature is confined in the hands of the dental supply houses, and we should be grateful for that, for, had it not been for them we might not have anything. Marshall's admirable book on "Injuries and Surgical Diseases of the Face, Mouth and Jaws," is published by the S. S. White Dental Mfg. Co.; so is Angle's "Malocclusion of Teeth," so is Evans' "Crown and Bridge Work." Goslee's "Crown and Bridge Work" is published by the Consolidated Mfg. Co. Miller's "Micro-organisms of the Human Mouth," a classic to the present day, is fading out of existence. DeFord's beau-

tiful book on "Anæsthetics in Dentistry" is published by the John T. Nolde Dental Mfg. Co., who are now out of existence. I wonder if the publication of this book put them out of business? All of our monthly magazines are in their hands. The National Dental Association for years has been trying to have a journal of its own published just as the American Medical Association have theirs, and with 35,000 dentists practicing in this country, it seems impossible to get enough support for it and at each national meeting this project is postponed for the next meeting. Am I right then in my sizing up the situation?

We read somewhere that dentistry is classified among the learned professions; under present circumstances we fail to see where this classification holds good. The Standard Dictionary defines the term "profession" thus: "An occupation that properly involves a liberal education, or its equivalent, and mutual rather than manual labor, especially one of the three so-called professions: Religion, Law and Medicine." In its fullest sense who will argue that dentistry is not among the learned professions, but as practiced by the rank and file it complies more with the Standard's definition of a trade: "A business learned or carried on for procuring subsistence or profit, particularly a skilled or specialized artisan." To distinguish, therefore, between a trade and a profession, one must be not only skilled in his chosen work, but he must

also be learned. It is insufficient to know that a tooth is carious, for my patient knows that as well as I do, but one must also know why it became carious, and not only that, but he must know how to intelligently combat further progress of the decay.

I believe that the great hindrance today to young men entering a profession is contained in these three words, "a good time." We are always looking for one, and while chasing after it, much precious time is lost. Young men starting out in the practice of any profession should not be so eager for a good time; we must forego some of the pleasures of youth. Sow less "wild oats," so that you may have ripe ones when the proverbial rainy day comes along.

I scarcely need say anything about the gold inlay. Most of us are acquainted with its wonderful advantages over the old filling methods; it is indeed a blessing in disguise. I would, however, recommend to our membership that we try and master its principles more thoroughly and advocate it more strenuously to our patients for their own good and benefit.

Oral prophylaxis has been before us for a number of years, but never before has it been so widely advocated for the benefit of humanity as at the present time. I will not take any more of your time, so I will merely allude to it. You can scarcely pick up a dental journal but what you will find something of prophylaxis. I

would recommend for your consideration that a committee be appointed to look into this matter very carefully and report thereon. Every city in this country is stirred by this movement, many from a sense of duty and others from a sense of business. Be it as it may, Pittsburg alone is isolated. I am well aware of the fact that there has recently been established a section of oral hygiene under the auspices of the Odontological Society of Western Pennsylvania, but it seems to be very slow in working. I believe right in this district this movement is imperatively needed and I would suggest to you that something should be done for the poor of the so-called "hill district."

This is an age of conservation and I would recommend that we study the best of methods of conserving our physical well being.

RACE SUICIDE A BUG-ABOO

A certain courageous physician, Dr. William J. Robinson of New York City, has stirred up the medical fraternity of the country and the moralists as well, by coming out boldly in favor of spreading knowledge of how to control the size of families. The *Silent Partner* has never subscribed to the doctrine that a low birth rate indicates either low morality or impending decadence of civilization, but until now there has not been any available excuse for bringing the subject before

the readers of this justly famous magazine.

Before we get right into the middle of the discussion, it might be well to say that Dr. Robinson is no notoriety seeking person, who is trying to attract attention to himself. Dr. Robinson is not only a practicing physician of standing and a contributor to standard medical publications, but he is president of the American Society of Medical Sociology, a member of the American Society of Moral and Sanitary Prophylaxis, and many other bodies. He is also the editor of a fearless publication called *The Critic and Guide* and a reformer in the field of sexual opinion.

"I have come to the positive conclusion that excessive child-birth among the poor is one of the greatest curses that afflicts humanity," says Dr. Robinson. "It is one of the greatest causes of low wages, poverty, ignorance, idleness, sickness, crime and death. * * *

"There is a simple remedy, and that is to teach the people how to regulate the number of their offspring."

The thing that Dr. Robinson seeks to bring about is a change in public opinion and in the laws which will make this teaching entirely legitimate. At the present time it is a very serious crime for anybody, even the family physician, to impart to another person any information or suggestion that will enable that person to prevent conception. If it is done through the mails the punishment can be as severe as five

years' imprisonment and five thousand dollars' fine—and as a matter of fact a physician is even now serving ten years in the federal prison at Leavenworth and owes a ten thousand dollar fine for having responded to two decoy letters sent by an agent of the government.

The two obstacles in the way of a modification of the law are the race suicide bugaboo and our dear old friends that get in the way of everything progressive, the moralists.

The race suicide theory insists that the population of the world depends upon accident and that if men and women knew any sure ways to limit or control the number of offspring, so many of them would decide in favor of no offspring that the race would dwindle and die out. There is only one trouble with this theory—it is dead against the facts. The parental instinct is as deeply implanted in the human race as is the instinct of self preservation. If people could control the number of children that they have, there would certainly be fewer children born, but a far larger per cent of those born would live to be men and women, and they would also turn out far better men and women than is the average to-day.

There is a striking fact that careful investigation shows, with respect to the relation between the birth rate and the death rate. *As the birth rate increases, so does the death rate.* It has been found that the death rate is nearly three times as high among babies

coming into homes in which there are already eight or nine children, as it is among those more fortunate babes that are born with only four brothers and sisters.

A very slight acquaintance with biology shows that the higher up in the scale of life an animal is, the fewer offspring it has. Nature seems to prefer quality and not quantity in the higher animals—thus differing from Mr. Roosevelt, who believes that the more animals and men there are, the better the shooting for those who like to kill both.

It has been remarked that the least desirable portions of the population are the most prolific. This statement ought to be turned around so as to say that the most prolific portions of our population are the least desirable. Anybody who can think can figure this out.

There is really no danger that any portion of the race would deliberately extinguish itself if it knew how to do so. The race suicide argument is rot—and those who hold it are only the outposts of the main army of opposition to the dissemination of information such as Dr. Robinson urges.

The moralists are the big obstacle. A moralist, dear friend, is a person who believes that all other people but himself or herself are looking for every opportunity to do something that they can go to hell for. As you will perceive, the name moralist is sarcasm.

The moralists are opposed to the spread of anti-conceptual knowledge because they think

that if people knew how to limit offspring almost everybody, young and old, would begin to wallow in sensuality. The moralists profess to believe, and probably do believe, because nobody would profess such a hideous belief unless he really had it, that if such knowledge as Dr. Robinson wants to spread were common, chastity in men and women would almost disappear.

The moralists contend that human beings, outside of themselves, are only restrained from sensuality by the fear of getting into recognizable trouble, and that if this deterrent were removed people would instantly begin to riot in wickedness.

The typical moralist view of things is contained in the statement made by a certain author of "purity" books, who was asked to express an opinion about the discovery of the specific for syphilis. The author declared that Professor Ehrlich's discovery was a calamity—the greatest calamity that could have befallen the human race. He said that now that men knew that they could be cured of the horrible disease there would be nothing to restrain them from exposing themselves to infection. It did not occur to the moralist that thousands of people who are unrestrained by fear contract the disease every year and pass it on to thousands of innocent women and children.

And so because they think that a few people will become sensualists if the opportunity offers, moralists are opposed to

a thing that would keep hundreds of thousands of unwelcome children out of the world, that would insure that those children that did come would be well taken care of, well nourished and given a fair start and chance in life; and that would put an end to the terrific waste of infant life that now prevails.

Among physicians, it is sad to have to say it, there are many who oppose the limiting of offspring because it would bring an end to much revenue that now accrues to doctors. There would be far fewer confinements accompanied by a large fee, there would be far better health among women and far less ailment among babies. It is probably too much to expect of human beings to expect them to actively favor something that strikes directly at their material prosperity, and so there will doubtless be a great deal of silent opposition among the medical fraternity. But the better minded among doctors, except those who mix theology with their medicine, will forget their financial interest in human misery and join in the advocacy of Dr. Robinson's idea.

Prudery is losing its hold upon the minds of intelligent men and women. The race has paid an awful price for the luxury of ignorance masquerading as innocence. Men and women have been ashamed of their bodies and nature has repaid them for denying her, repaid them in misery and in death. And some day these

(Continued on page 594.)

EDITORIAL



THE PUBLIC BE DAMNED

The charming little city of Crawfordsville rejoices in its self-imposed title of "The Athens of Indiana." Wabash College, located there, deservedly bears a reputation for culture, learning and sane progressiveness. The atmosphere of Crawfordsville is charged with refinement, good thinking and advanced views on philanthropic and sociologic lines. With at least one exception—one James S. Hitchcock, the editor of the *Crawfordsville Review*.

In following up the educational campaign recently inaugurated, the public press committee of the Indiana State Dental Association offered the *Crawfordsville Review* the opportunity to use the series of articles being prepared for publication. In an early number of the *Review*, the following editorial appeared under the caption, "A Press Agent Graft":

The Indiana Dental Society has decided that newspaper publicity will be beneficial to its members in the cities and towns throughout this state. The ethics of the society forbid its members from newspaper advertising, save an occasional business card. Some of the dentists, at least, feel that their profession needs more publicity, but that they are taking a rather unique plan to secure it.

Under the guise of news the society is offering a series of articles free to the newspaper publishers of Indiana. Regarding them the committee on public press makes this statement:

"These articles contain 500 words each, are suitably headed, and there is nothing to show their origin. We will send these articles in plate, free of all expense to you. This series has the support of the dentists of your city. The series begins July 2, of this year, and consists of either twenty-four or forty-eight articles."

Although well versed in mathematics, we confess we are not well enough posted in that science to calculate the monumental nerve of any man or group of men necessary to ask a publisher to part with his stock in trade, advertising space, and donate same to advance the interests of any society. We consider this proposition from the Indiana State Dental Society as an insult to the publishers of Indiana.

First, it presumes that the newspaper managers are so deficient in business sense that they will be deceived and publish the Dental society's articles as news matter when they are designed as, and in fact are, advertisements.

Second, the Dental society says, "There is nothing to show their origin," indicating that it is the purpose of the society to deceive the public as well as the publisher. It is proposed to fool newspaper read-

ers by getting them to read these articles in the belief that they are reading news matter and not advertisements.

The *Review* predicts that the day is not far distant when every progressive dentist of Indiana will come out from behind his false shield of ethics and make his announcements in the local newspapers. There is no good reason why dentists should not pursue this course. It is an honorable one; it is one that will command the respect of every good citizen. The advertising campaign proposed by the Indiana State Dental Society is not entitled to confidence or respect. It is a subterfuge. Doubtless a few newspaper publishers will "fall" for the scheme, but this attempt to get something for nothing will meet the fate it richly deserves.

The editorial was mailed to me by a newspaper man with the written comment, "The counting room of the *Crawfordsville Review* seems to be peeved." It certainly does look that way, but I would prefer to take the more charitable view of the matter and believe the writer of the editorial to be ignorant.

Some one ought to take this benighted molder of public opinion to one side and tell him that a large percentage of tuberculosis, diphtheria, scarletina, digestive disorders, faulty metabolic diseases, cancers and a host of other ills are propagated, encouraged and abetted by filthy mouths. He ought to be told that since he, supposedly an intellectual leader in his community, is evidently ignorant of these and other facts to be cited, his readers cannot be blamed for similar ignorance. He should be further informed that a goodly percent of the taxes he pays are foolishly spent to bring along school pupils retarded by absolutely preventable oral conditions. He should be further enlightened regarding the spirit and animus of this movement; should be permitted to see that it is a part of a great sociologic and economic progress that his newspaper should be proud to champion. His eyes should be diverted from the till in the counting room long enough for him to note that no dentist profits by these articles but that the public is the sole beneficiary. He should be urged to alertness enough in his profession to know that the public is eager for news regarding preventive medicine. He should be informed that the *Chicago Tribune*, the *Chicago Record-Herald*, the *Chicago Journal*, the *Chicago News*, the *Chicago Evening Post*, the *Indianapolis News*, the *Indianapolis Star*, two hundred other Illinois papers and nearly one hundred Indiana papers "fell" for the "scheme." But the astute editor of the *Crawfordsville Review* was too foxy!

Oh, well. What's the difference? The editor of the *Crawfordsville Journal*, A. A. McCain, did not have any more sense than to "fall" for the "scheme," so he will get all the articles and the people of Montgomery County will get the benefit after all.



ABOUT THAT LAITY NUMBER

In this issue will be found a mailing card. The object in sending it out is to find out whether the profession really wants that laity number issued. Here is the plan: The November issue of ORAL HYGIENE will be gotten up solely for the general public. It will be filled with useful information about the care of the mouth and teeth. It will be untechnical in every respect, written especially for people who know nothing about dentistry. It will be a condensed textbook and may be used in schools, and all other places where an interest in mouth hygiene can be aroused. School teachers, health boards, mission workers, all classes and conditions of men and women should read it or have it read to them.

If the idea pleases you as well as it pleases us, there should be a demand for a great number of this issue. In fact, the expense of getting it out will be too great for the publishers to face alone, so a nominal price of five cents a copy, fifty cents for ten or five dollars for a hundred, has been decided upon. If you do not want any extra copies, you do not have to take any. Your personal copy will come along just the same. But if you want extra copies for the school authorities, your patients, or others in your town, you must order them of the publishers.

The enclosed card binds you to nothing. It is merely an expression of opinion. If you think such a number would be a good thing, let me know. It is up to you.

RACE SUICIDE A BUG-ABOO

(Continued from page 591)

millions of wrecked lives will be charged in the books of mankind against the institution that taught men to be ashamed.

Only a few years ago there was not a magazine or publication of standing in the whole country that would have dared intimate that the youth of the land should be informed regarding sexual hygiene. To-day the publication that would suggest a continuance of the former ignorance would bring

upon itself the disgust of all clean minded and sensible people.

The world does move.—*Silent Partner.*

Who can fathom the mind of woman? On a windy day those who are least looked at are the most embarrassed. — *Silent Partner.*

He—"Do you think that your father would offer me personal violence if I were to ask him for you?"

She—"No; but I think that he will if you don't pretty soon."—*Silent Partner.*



ROWAN'S NEW BUILDING

ROWAN'S Uniform Quality Easy Flowing Gold SOLDERS

COPY OF LETTER (*Unsolicited*)

MR. EDWARD ROWAN, New York.

Dear Sir:—

May 25, 1908.

For more than forty years I have been using gold solders, and during those forty years have said and thought a good many cuss words, owing to the fact, all gold solders heretofore used, flowed, leaving bubbles or pits. When I tell you I have just fired out a quantity of . . . and . . . and say never again will I use other than *Rowan's*, is putting it very mildly, as I now feel I have something to depend upon and a pleasure to use. Very truly yours,

Rowan's Solder are of high standard uniform quality, easy flowing, and finish free from pits. Bridges made from these solders are of smooth finish and high polish. Try ROWAN'S SOLDERS and see for yourself.

EDWARD ROWAN,
625 East
NEW YORK



INCORPORATED
163rd Street
CITY

NEW YORK

PROVIDENCE

BOSTON

MOUTH HYGIENE AND GOLD CROWNS

By GRANT S. MITCHELL, D. D. S.

CANTO I.

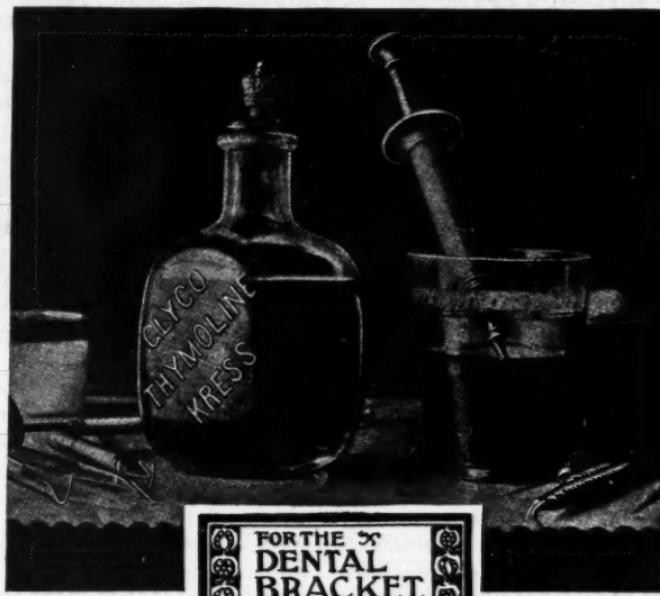
Hear th' dentists talkin' bugs—
Bacteery bugs!
What a load of windy jabber,
nearly every dentist lugs!
How they chatter, chatter, chatter,
When Societies convene—
Provin' only that a smatter
Of th' subject o' ther clatter
Is th' utmost they c'n glean.
But they wrangle
An' they jangle
When they tackle this old tangle—
Each a vouchin' fer some special
brand o' drugs,
While th' public keeps a goin'
On its keerless way, not knowin'
Thet its mouth's alive an' growin'
With a billion bloody bugs—
Er thet death is lurkin' near 'em
An th' people—they won't hear
'em
When th' dentists try to skeer
'em
Into scrubbin' out ther
mugs.
People ain't so dreadful skeery
In regard to tooth bacteery,
So, they seem a little leery
When it comes to usin'
drugs,
To prevent th' propagation of th'
bugs—
Of th' bugs.
Of th' bugs, bugs, bugs, bugs—
Bugs, bugs, bugs—
Th' thousand, million, billion little
bugs!

CANTO II.

See th' front teeth with the
crowns—
Golden crowns!
What a world o' giddy glitter in
th' human mouth abounds!
In the darkness o' th' night
How they glint an' glisten,
bright,
If a ray just strikes 'em right—
Fair an' square.
How they glister! how they
glow!
In th' daylight, how they show!
How they shimmer, an' they glim-
mer, an' they glare!

An' how many people wear 'em—
Though ther's some as cannot
bear 'em
Who facetiously compare 'em
To a "horrid old tin can!"
But th' thing thet seems most
curious,
Is thet beauty, sparklin' (spu-
rious),
Gits so gosh-all-fired furious
She could fairly lick a man
If despite expostulation,
He insists on osculation
On her scintillatin', radiatin'
tooth.
How she flares!
How she glares!
At the dentist how she stares.
If forsooth,
He should, quiet-like, just men-
tion
A professional intention
Of devisin' some prevention—
Some sort o' ginal plan—
Thet'll stop th' "silks an'
laces,"—
Giddy girls, in lowly places,
From a spilin' purty faces,
With th' brilliant front tooth
crowns.
An' they'll wrangle,
An' they'll jangle,
Till it seems a hopeless tangle!
Each a clingin' to th' notions he
propounds.
But th' public keeps a goin'
On its keerless way, not knowin'
Thet th' gold it be a showin'
As a beauty mark's a fake—
Thet of all th' silly styles—
Aped by older juveniles—
Thet of "scintillatin' smiles"
Takes th' cake!
But in matters of appearance,
People aint fer interference;
An' th' dentists, they regard as
sort o' clowns
If they mention
An intention
Of devisin' some invention
Thet'll raise ther avocation to
much higher, higher
grounds,
An' prevent th' glint an' glitter
of th' crowns—
Of the crowns—
Of th' crowns, crowns, crowns,
crowns—
Crowns, crowns, crowns,
Th' gleamin', an' th' screamin',
golden crowns!

GLYCO-THYMOLINE



- ¶ Your patient appreciates a watchful interest relative to his oral health. It's now your recognized duty.
- ¶ Care and treatment will preserve the teeth at all ages. Glyco-Thymoline inhibits the development of pathogenic bacteria and neutralizes destructive acids.
- ¶ Glyco-Thymoline should be used daily in the scientific and intelligent care of the teeth.



Upon your request our Special Bracket Bottle and samples for your patients will be sent free of all cost

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ORAL PROPHYLAXIS

EDWARD B. SPALDING, Detroit, Mich.

Read Before the New York Odontological Society

In this age of advancement in the science of health and the prevention of disease, dentistry is not merely marking time. The work of dentists among the school children of the country will be productive of benefit to the present as well as to future generations to an extent not possible to estimate, and the concerted movement of popular education regarding the importance of the teeth, which is being started through numerous channels, threatens to overwhelm the dentist in all localities with demands upon his time.

Whatever the demand may be, the profession was never better equipped to meet it than now. Skilled mechanical operations upon the teeth have been so perfected that the ravages of caries seldom if ever make the extraction of a tooth necessary. The restoration of the crown of a tooth in whole or part has been considered not only from the standpoint of usefulness and durability, but we are making an effort to imitate nature in form and color, and the term artist is now no misnomer when applied to a dentist.

The restoration of a tooth in porcelain so as to bring out the little peculiarities presented in its neighbors, thus so closely imitating nature as to deceive the eye, is not accomplished, however,

without long practice and attention to minute detail. This exacting price demanded by porcelain of its followers is willingly paid by many of our profession; yet, I am sorry to say, very many others have dropped it in exchange for some easier road to "fame and fortune." Porcelain is only one of many branches of our profession today which requires much thought and patience on the part of the operator to practice it successfully, yet we do not become fainthearted as these new and complicated mechanical processes are presented to us; but, as in other walks of life, those in the vanguard are destined to become fewer as the hills grow steeper. There is, however, one branch of dentistry the technique of which is more exacting than any other, and the neglect of which results in the loss of more teeth than all other causes combined. For the sake of a better term we call this branch "oral prophylaxis."

Dr. D. D. Smith had a certain ideal in mind when he decided upon the term "oral prophylaxis." He was looking forward to the time when patients with healthy mouths will come to their dentists, not to have pain allayed, teeth extracted, or lost tooth structure artificially restored, but to have treatment which will prevent the need for such services. True prophylaxis is entirely preventive treatment. However, at present we use the term to signify the halting of destructive in-

The Dalton Pivot Crown Remover

Devised by V. B. DALTON, D.D.S.

Demonstrator of Porcelain Work, Ohio College of Dental Surgery



WON'T HURT YOUR PATIENT

That's why this instrument makes such a hit with your patient

In view of its simplicity, it's strange that no one ever thought of such a device before. But Dr. V. B. Dalton, of the Ohio College of Dental Surgery, DID—and the dental profession benefits by his forethought. The instrument is known as

The Dalton Pivot Crown Remover

It will successfully remove any crown that is mounted without a band—especially Logan crowns.

It will successfully remove Richmond abutments of bridge work, individual Richmond crowns and Davis crowns.

You often have to treat an abscessed tooth that has been crowned; or perhaps you want to use the crowned root for an abutment for a bridge. Here's where the instrument comes in handy.

No injury can result to either crown or tooth root. Adjust the beaks on the lingual, allow the opposite beaks to slip along the labial until point of contact of root is found, slowly tighten thumb screw, and presto! off comes the crown.

Price \$3.50. Ask your dealer. Send for booklet, "True as Steel."

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fluences in the tissues surrounding the teeth, the curing of the disease in them, the prevention of its return, and the prevention of caries. Nevertheless, many years will pass before the oral prophylaxis specialist will be able to devote his entire time to prophylaxis in the strict sense of the term. Today the greater portion of his time is spent in curing unhealthy conditions, in restoring to comfort and usefulness teeth with impaired function due to neglect, and in educating the people to a keen appreciation of mouth health and the value of their teeth. It is a sad fact that this work will not be generally accepted and adopted by our profession until we are driven to it. The time is near at hand, and even now is upon us, when we will be forced into the work by the demands of our patients.

One prominent dentist recently disclosed his own uneasy state of mind by exclaiming, "Oh, this prophylaxis business is getting on my nerves—scarcely a patient comes into my office without asking questions about it!" Still another man, of national reputation, when asked by a patient, who had received treatment, for a continuation of the work, said, "You do not need any treatment; your mouth is all right; prophylaxis is simply a fad of the West."

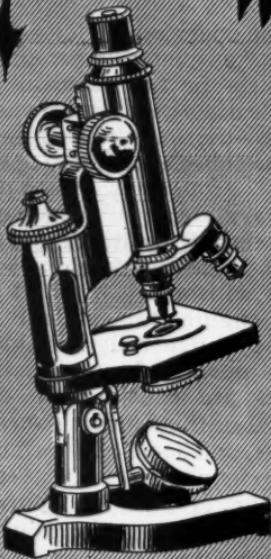
Just why oral prophylaxis has not been and is not practiced universally by the profession is rather difficult of explanation, but I will en-

deavor to give some reasons why it is not.

For many years there have been undoubtedly isolated instances of dentists who have treated and cured pyorrhea, and yet their secret, if we may so term it, has not been learned by others of the profession. Had Dr. Riggs been told that after seventy years from the time he first demonstrated that pyorrhea could be cured the profession would still be skeptical about its successful local treatment, I am sure he would have been discouraged indeed. Undoubtedly, ignorance of the fact that it can be cured is the principal reason that so many men, when they see a case of pyorrhea, shake their heads and say to the patient, "You have pyorrhea and will lose your teeth before long"—not welcome news to the sufferer, to say the least.

Is this unconcern, this doubt on the part of the general practitioner of dentistry, due to the secretiveness of those who are doing successful work in this branch, or is it the fault of the general practitioner himself—that he does not wish to inform himself upon the subject? I think it is not the former, for the criticism usually accorded the worker in oral prophylaxis is that he is disagreeably enthusiastic, and wishes to convert everyone with whom he comes in contact. Articles on the treatment of pyorrhea and prophylaxis are now appearing in almost every issue of our journals, and yet, like most good

A MICROSCOPE WOULD SHOW



IF YOU could get the end of one of these things down into a canal you would find out very quickly why it is that

PUSCURE

CURES TO STAY CURED

Puscure gets right into the tubuli and puts the germs out of business.

It absolutely sterilizes the canal.

I know you are superstitious about these things because I am not the first one who ever made extravagant claims for a preparation of this kind.

But you see I am not trying to annex any of your money because the great big sample I send you costs you nothing and if it does make good you can get my preparation from any dealer with whom you do business.

Your name on a post card will do the trick.

Send it to-day and just address.

Dr. John C. Blair

The Puscure Company
305 Norton Bldg., LOUISVILLE, KY.

sermons, they are taken as if intended for the "other fellow." Let a new idea in any line of mechanical work be advanced, and there are always plenty of men who are willing and eager to prove its value. At almost every dental meeting today, one or more clinics on oral prophylaxis and the treatment of pyorrhea are given, yet how many men are really attracted to them? Very few, certainly, compared with the interest shown in the other branches of work.

Surely it seems, if there is a fault, that the blame lies with the general practitioner, that either he does not wish to know about the subject, or else he cannot see any need for informing himself. His eye has not been trained to recognize pyorrhea in its earlier stages, and when a tooth is "on its last legs," so to speak, it is much easier to extract it and make a bridge than put any thought on the subject of cure, with which he is not familiar. There probably is another reason why he does not wish to know about this subject, and that is because he confounds the term with the disagreeable operation of "cleaning teeth"—nor do I blame him.

"Cleaning teeth"—a disgusting term to be found in the phraseology of a learned profession, when applied to a service rendered by one of its members. As long as we as dentists continue to use this term as denoting a part of our services, and allow our patients to ask us to clean

their teeth, so long shall we fail to receive that full dignity which our profession deserves. To just that extent are we looked upon to render a service on a par with that of the masseur and the manicure.

The operation of "cleaning teeth," as generally accepted, consists in the removal of visible deposits, executed more or less thoroughly according to the conscience of the operator. Probably some of the salivary tartar is taken off the teeth by means of two or three inadequate scalers, and then with a brush wheel in the engine the patient is pretty generally sprinkled with powdered pumice, his gums are considerably denuded of their mucous membrane, and *some* of the stains are removed from the teeth. All this is done in a hurry, because the operation is very distasteful to the dentist, and he is anxious to get at another patient and do work for which he can charge a better fee. Work without a knowledge of what one is doing, without an end or result to accomplish except to get rid of it, is drudgery—and such is "cleaning teeth," as generally accepted.

What has been accomplished by this operation?

Very little good, for the patient's gums are so sore that he dare not use his tooth-brush for two or three days, and at the end of that time the soft deposits are again so thick on the teeth that fermentation and putrefaction is going on at almost the

VALUABLE ANESTHETIC**ASTRINGENT****AND HEMOSTATIC**

THIS preparation has now been upon the market for three years, in which time it has effectually demonstrated its usefulness in dental surgery and won for itself an assured place in the esteem of practitioners.

CODRENIN

unites the remarkable anesthetic property of cocaine with the equally pronounced astringent and hemostatic properties of adrenalin chloride. It prevents and alleviates pain; it mitigates bleeding. It is

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Supplied in one-ounce glass-stoppered bottles

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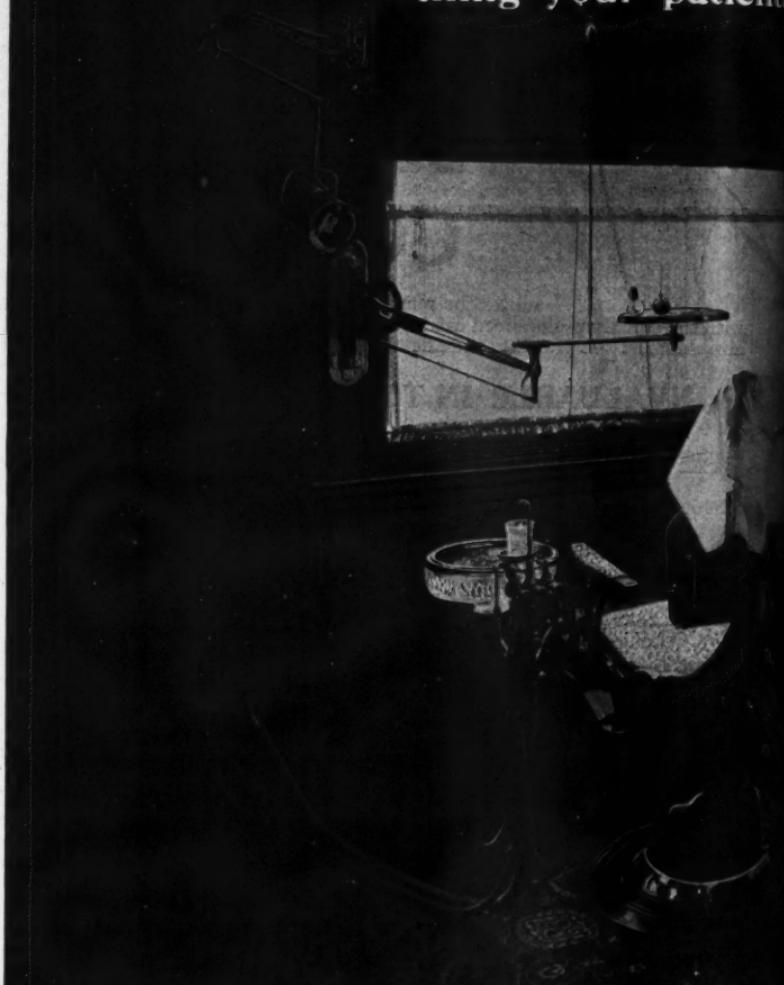
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As to the necessity of having every thing your patients rea



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RS THE QUESTION

very white. The Cabinet is the only
ents really fussy about



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same rate as before the teeth were "cleaned." What instruction did the patient receive? He was told to buy a tooth-brush and some paste at the drug store, and be careful to have the bristles of the brush soft, and not use a tooth-powder, or else he would wear his enamel and hurt his gums.

The result is that the patient forgets to buy the brush and paste and knows no more about the correct care of his mouth than he did before and thus goes on in the same old rut. Tartar continues to form and collect on the enamel surfaces that are not subjected to severe friction in mastication, because these surfaces have not been polished in the "cleaning" process, and soft fermenting deposits not being removed by the patient with the brush continue to irritate the gums, and next year when he goes to have a sensitive cavity under the filthy deposits on the buccal surface of his upper molar filled, the dentist says, "Your gums are very much inflamed, and it looks as though you were going to have pyorrhea."

I have not drawn this picture to deride dentists or dentistry, for if there is any profession whose members are hard-working and earn their few dollars by the sweat of their brows and at the expense of their health, and have scant credit for it, it is dentistry. I do wish, however, to draw such a comparison between this matter of "cleaning teeth" and the broad

subject of oral prophylaxis that none may fail to see it, and that some who have not appreciated its value before will take it up and prove it for themselves. Let me say here that "cleaning teeth" is not oral prophylaxis, neither is oral prophylaxis "cleaning teeth."

Removal of deposits is to oral prophylaxis what removal of decay is to filling teeth—an incident. Time was when filling a tooth consisted in gouging out decay and stuffing the hole, with little and probably in most instances no thought to cavity formation, no consideration of the direction of stress, self-retention, line of immunity for the border, the direction of the enamel rods at the margin of the cavity, protection of the pulp from thermal changes, restoration of contour and interdental space, and last but by no means least, the comfort of the patient during the operation. All these considerations the modern dentist bears constantly in mind, and the removal of the decay has taken place while he has been working out the more complex problems.

Twisting wires and moving teeth is not orthodontia, neither is orthodontia simply moving teeth, yet the orthodontist does twist wires and move teeth.

In oral prophylaxis deposits of all kinds, visible and invisible, must be removed from the teeth, and not be allowed to collect for any length of time again, but it is not the

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Trial Bottle \$1.00. Order from your dealer

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BOSTON, MASS.

business of the operator to remove visible deposits at each treatment of a patient. His work is to put all the teeth in such a condition that the patient can keep off all visible and many invisible deposits, and to so instruct and insist that the patient will not fail to do his part.

I maintain that if a patient has been given specific instructions in the care of his own teeth, and is using the necessary implements suited for his case, it is possible for him to keep his teeth absolutely free from visible deposits, providing the soft tissues immediately surrounding the teeth be in a state of health, the exposed tooth surfaces in a highly polished condition, and the artificial work, if any, be of proper contour and finish. Do I hear someone say, "Oh, you are painting an ideal condition?" Yes, but it *is* possible. I do not believe that this is a condition that will be found in many patients treated by a general practitioner, but it can be found in the mouths of many of the patients of those dentists who are devoting their entire time to this work.

The operator's first duty is to make a complete change of the environment of the teeth by removing all extraneous deposits of whatever nature from the exposed and free surfaces, and then to treat and cure pyorrheal conditions, which is entirely possible by definite and delicate surgical procedure. By pyorrheal conditions I mean any

destruction going on in the periodental tissues due to inflammation. Probably a better and more comprehensive term is one used by N. S. Hoff, *i.e.* "peridentitis." These conditions are of many grades and degrees of advancement, from a simple gingivitis to that which involves the entire pericementum and alveolus.

That these conditions are all benefited, and the majority of them cured by local treatment alone seems incredible to the most of our profession, because they have so long looked upon them as being hopeless, and both the profession and the suffering public have been waiting for the discovery of some systemic treatment to come to their relief. Local treatment seems too simple to the dentist, for he usually feels that he has tried it many times and has only succeeded in giving a little temporary relief. Careful, thorough, and skillful instrumentation is necessary in order to remove every particle of the necrotic layer on the cementum, the necrotic edge of the pericementum as well as the serumal calculus in cases in advanced stages, and that is no simple matter, to be done by two or three incorrectly shaped instruments in a hand not previously trained for the work; neither can it be done in a few brief minutes. Time is a necessary factor in the treatment, and hurry will abort success.

Today the work of the oral prophylaxis specialist con-



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Made of the Best Piano Wire
Can Be Tied in a Knot Without Breaking

ONE FULL SIZE

PAI. MAR. 13, 1900.



Section of Broach magnified showing spiral surface

Young's Broaches are not twisted. Note the spiral effect on the magnified section. The spirals are cut by special machinery. Note the small light handle that preserves to the operator the delicate touch so necessary in all root canal operations. Fine and extra fine aseptic broaches are the smallest broaches made.

Will you try a package of these Broaches at our expense?

We will send any Dentist a package of Young's Broaches on trial. If they are all that we claim remit seventy-five cents to us for the package of six or give us the name of your dealer and we will bill them through him. If you are not pleased with them you can return them in the stamped envelope. You take no chances and are put to no expense. We believe that this trial will make you a permanent customer.

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sists in placing the mouth of each patient who presents himself, in a state of perfect comfort and health, the treatment of preference depending upon conditions involved. He places the exposed tooth surfaces in such a highly polished state that the patient will be able to recognize and remove any deposits, hard or soft, which might begin to form. He studies each case with reference to the patient's personal care, and instructs specifically and individually each patient, prescribing the brushes, floss, tooth-powder, mouth-wash, method of massage, etc., adapted to his particular case. Poor artificial work should be replaced with the best that dentistry has to offer. Then, last but not least, the patient is told about true oral prophylaxis, and systematic and regular treatment is advised. He is taught that his teeth should serve him through life and his mouth remain in the state of health and comfort to which it has been restored.

It is necessary for the operator to have a clear picture in his mind of the anatomy of the roots of the different teeth and their surroundings. He must have a delicate and highly developed sense of touch, as at least three-fourths of his work is dependent upon it, and he must have the ability to see with his fingers where the eye cannot penetrate. He must be a careful, considerate, and patient operator while also being thorough, as the treatment given may be mild or painful ac-

cordingly as he is skillful. His instruments must be many and varied to meet the requirements in reaching and successfully treating the different surfaces of the teeth.

The worker in oral prophylaxis realizes that he cannot arrive at successful results without the co-operation of the patient, and that providing he does cure peridentitis, like other diseases it will not remain cured if subjected to the irritations and influences which brought it on originally. Therefore the education of the patient, and the establishing of new habits in personal care is of the greatest importance. When brought to realize that it is necessary, patients will follow instruction and become very proficient in the removal of the visible deposits on and about their teeth.

But I hear someone ask, "Why is it necessary to see your patients at regular intervals after their mouths are healthy and if they are able to care for their teeth so efficiently?" The answer to this is a long story, but may be summed up in these few words: That it is then, and then only, that true oral prophylaxis begins. The patients then come to us for the constant watching and guarding of the oral cavity against the entrance of anything which may in any way impair the usefulness, durability, comfort, or beauty of the dental organs.

The operator must be keen in detecting incipient caries as well as any abnormal con-

BEHOLD THE OFFICE GIRL



WHEN you place your order for a toun-
tain spittoon, if it isn't a Weber you
might just as well buy a bucket and mop
at the same time, because sooner or later you are
going to get into trouble with the man downstairs.

The WEBER SPITTOON is the only one
that CAN'T run over on the floor.

It has an overflow through the side of the bowl
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LEE S. SMITH & SON COMPANY
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ditions of the soft tissues or of the teeth themselves. At each treatment every exposed tooth surface is carefully freed from all invisible substances in the form of bacterial plaques, mucoid coatings, etc. The tissues immediately surrounding the teeth are stimulated by vigorous massage administered by the operator. The patient is criticized or encouraged as he deserves, and in this way his interest in the welfare of his own mouth does not have occasion to weaken.

There are a great many people who, without any education by the dentist, do so appreciate and value their teeth that, when they learn about oral prophylaxis, they will have it at any cost, and there are many more people who need only to be shown the benefits of a healthy condition of the mouth to demand it also. Every dentist is constantly asked by patients for some means of relief from uncomfortable mouths, and from the destruction which they are themselves aware of as going on in the tissues surrounding their teeth.

My experience in and observation of this work leads me to believe that all destructive inflammatory disease, in all but a very small percentage of cases, can be cured, though the retention of teeth may not always be practicable in cases where there has been much absorption, even if it be possible to bring about a cessation of the inflammation.

While, of course, a few years' experience in the work does not justify a person's making positive statements of what can be accomplished by keeping a patient under regular treatment for a long period of time, yet I am convinced that, if a child be placed under treatment before the permanent teeth erupt, it is possible for him to arrive at the age of twenty years or more without the loss of a single permanent tooth, and with very few, if any, fillings being necessary, with his gums in the condition of perfect health and with a knowledge of the importance and value of his teeth and their relation to general health; he also will have established correct habits in the care of his teeth which will be invaluable throughout life. If this be possible, I will leave you to consider the advantage to the individual.

If there be virtue in this treatment of the mouth tissues, surely we cannot close our eyes to the great need for it in every dentist's practice, and I wish to make a plea for its adoption. Its value is being proved by an increasing number of the profession, and I know of but one instance of anyone taking up the work, if he has made a serious business of it, who has not become very enthusiastic in it. Enthusiasm comes not with defeat, nor even partial failure, but with success; it is so with the worker in this field of dentistry—and not only the operator but the

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32

patients are equally enthusiastic.

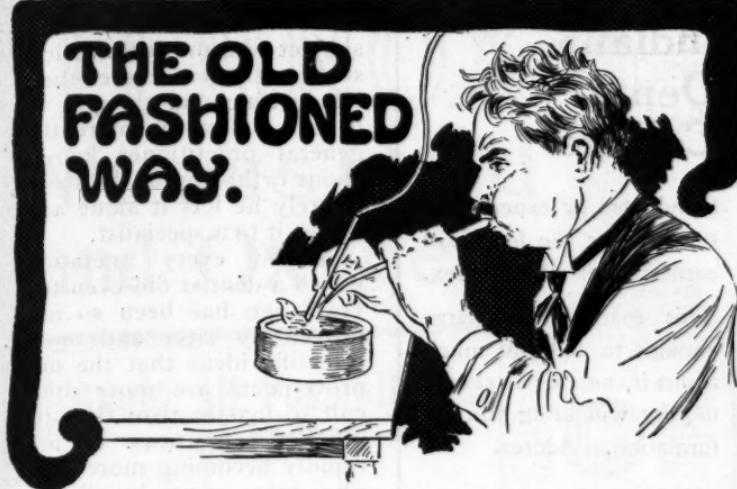
I have in mind nine dentists who have given up general practice to devote their entire time to prophylaxis, and they were successful in general practice, too, and not failures—for a man who has been a failure in the general practice of dentistry will not make a success as a specialist in oral prophylaxis. I have talked with six of these nine, and all have said that they have no desire to return to general practice. A number of others, some of the best and most successful men in our profession, have stated that, were they in a position to choose, they would devote their entire time to prophylaxis. There is another man, in your great state of New York, a credit to the dental profession, who is now dividing his time between general practice and prophylaxis, but who will soon undoubtedly be in a position to devote his entire time to oral prophylaxis.

Surely this must have some weight in an argument for the importance of the work. Yet I feel that any amount of argument will not be so convincing to a dentist as will be the successful personal treatment of a simple case. It is not enough to inspect a well-treated mouth—for it is like viewing a work of art, unless the one viewing it has made a study of that particular branch of art he does not grasp all its beauties. If an operator has

brought an unhealthy mouth through all these stages to a state of health in all its tissues, he sees more in it than can anyone who first views the case cured. There is a charm in this work which it is hard for the inexperienced to realize.

It will undoubtedly be years before the profession as a whole will grasp the full significance of this work, yet the time is fast approaching, in fact is here, when the progressive men who wish to give their patients the best that dentistry affords in every branch will have to study this work and learn its technique, or become associated with a specialist in it, or else refer their patients to a specialist. I believe that the work will seldom if ever approach a state of perfection at the hands of a dentist engaged in other lines of work. It is too complicated to be interspersed with problems of another nature, and the manipulative technique is so exacting that one soon loses expertness unless he is constantly at it, and he will not have the necessary control over patients under treatment. Even though a dentist be a graduate orthodontist, if he continues in general practice I doubt whether he is able to carry the work to as great a degree of proficiency as the specialist. Probably few dentists practiced orthodontia twenty years ago who obtained results perfectly satisfactory to themselves or their patients, to say nothing of

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what would be thought of those results today. The subject was too little understood until men devoted their whole time and thought to it, and today the more the general practitioner knows about orthodontia, the more entirely he lets it alone and leaves it to a specialist.

Almost every operation which a dentist did even ten years ago has been so improved by later and more scientific ideas that the improvements are more difficult to master than the original operation was. We are rapidly becoming more definite, more exact in all our work at the expense of time.

L. C. Taylor tells us that fifty years ago a dentist who could put in from six to ten fillings in an hour was too slow. Now some of us will at times spend an hour in the mere preparation of one cavity.

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We are pleased to announce to the Dental Profession that we have secured the copyright of the *New Edition* of the

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Edited by Dr. Hermann Prinz, of St. Louis, Mo. We are now publishing a second revised and re-written edition of the work, the first edition being out of print. Dr. Prinz has completely re-written the text for this new edition, many important additions have been made, especially covering the recent improvements made in the manufacture of investment compounds, impression waxes and other materials used in casting metallic inlays, etc.

The book is so favorably known to the profession that it is unnecessary to make any further comment for the present.

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The dental nurse was proposed some years ago, but as yet has no place in the profession, nor is she likely to have. The nurse was to be prepared for a work which takes the surgeon's most exacting skill, if she was to be a clever nurse or else she was to be a drudge; do we want her—and could we keep her?

The leader of an orchestra does not ask the clarinet-player to take the place of the first violin, or the 'cello player to hand his instrument to the oboe or viola player—and yet they are all musicians, they all understand the notes, time, rhythm, etc., but

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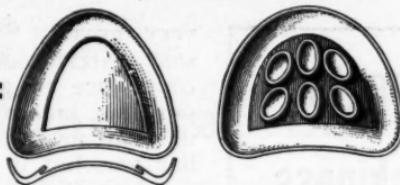
Cleveland, Ohio

each has his own peculiar technique, and it is seldom that one man plays equally well on two instruments. The musician's tone, time, rhythm, and phrasing fall continually upon critical ears during his public performance; but the skill and art of the dentist in its minutiae has no critic except time and his own conscience.

My aim in this paper has been to stimulate an interest in oral prophylaxis. I have tried to show that it is important, that it is needed,

that the technique is exacting, that it is interesting, that the field for the work is vast, and that it is not to be adopted except as a most serious and important undertaking.

We are members of a busy and exacting profession, and the time is at hand when there must be division of labor. I am certain that oral prophylaxis offers inducements to more dentists to specialize in than does orthodontia, and the gratitude of patients for this work is



Did You Get Yours Yet?

In the previous issue of this magazine we made an introductory offer of a Free Sample Jacob Petry Suction Retainer. Numerous requests for samples have come in from all over the country, but we want to get this retainer in the hands of every dentist. Hence, the generous offer.

The Jacob Petry Suction Retainer is a radical step toward abolishing the use of the impracticable and unsatisfactory riveted suction cup. The Jacob Petry Retainer is made of one piece of rubber—no metal head to squeeze the palate—and it is cemented to a flange in the plate. There is no chance for any air to get in under the plate, as an absolutely perfect vacuum is formed. Any kind of a plate, metal or rubber, old or new, may be used with equal success.

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very great. Someone has said that it takes a peculiar conscience to practice prophylaxis, but in my opinion it is not necessarily a peculiar one, but it does take a conscience, and when we see the great need for prophylaxis and do not practice it, our consciences must be caloused indeed.

BRIEF ALL AROUND

A young woman from the East, who married a Seattle man, recently had a novel experience when she engaged her first Chinese cook.

"What's your name?" she asked when the preliminaries had been settled.

"My name Hong Long Loo," said the Celestial, with much gravity.

"And I am Mrs. Harrington Richard Buckingham," said the new employer. "I am afraid I shall never be able to remember your name—it's so long. I shall call you John."

"All light," returned the Chinese, with a suspicion of a smile. "Your namee too longee, too. I calle you Charley."—*Harper's Magazine*.

MATTER OF BUSINESS

The Fresh Sophomore—Are you really engaged to Smirker, naught 'leven?

The Co-Ed—Isn't that rather a personal question?

The Fresh Sophomore—'Scuse me, it is. But, you see. I'm reporter on our paper, and I'm hunting up all the raw jokes I can find on the fellows.—*Chicago News*.

This Is A Practical Solution

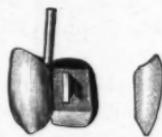
Doctor, how annoying it is to renew bridges, or replace teeth broken from a bridge. You have to invest and solder the tooth onto the bridge, and you're lucky if the tooth doesn't crack or check with the second soldering.

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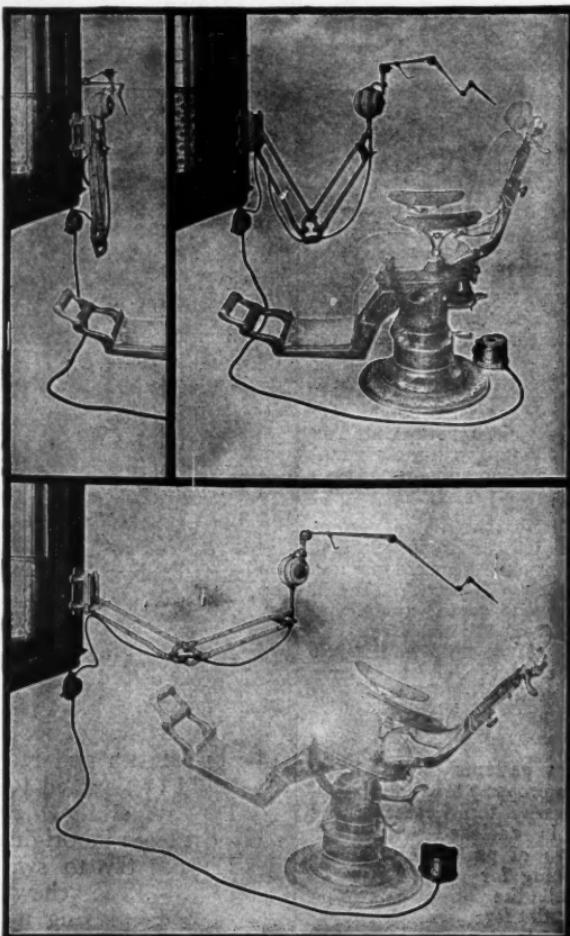
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laboratory. Why not? Only because we are inert and hide-bound, and drift on in the old way, an anomaly in the world's progress.—*Journal of Clinical Medicine*.

HOW TO MASTICATE PROPERLY

Mr. E. L. Arnott, an enthusiastic advocate of "Fletcherism," the science of food mastication, has written some greatly condensed instructions which he entitles "How to Learn Fletcherism," as follows:

Do not take more than one-fourth to one-half teaspoonful of food into the mouth at one time, especially the first week or two.

Do not take any more food into the mouth until this has been swallowed.

Chew the food industriously.

Some Fletcherites take about two motions of the jaw per second.

All particles of food should be broken up and reduced to a liquid or liquified form.

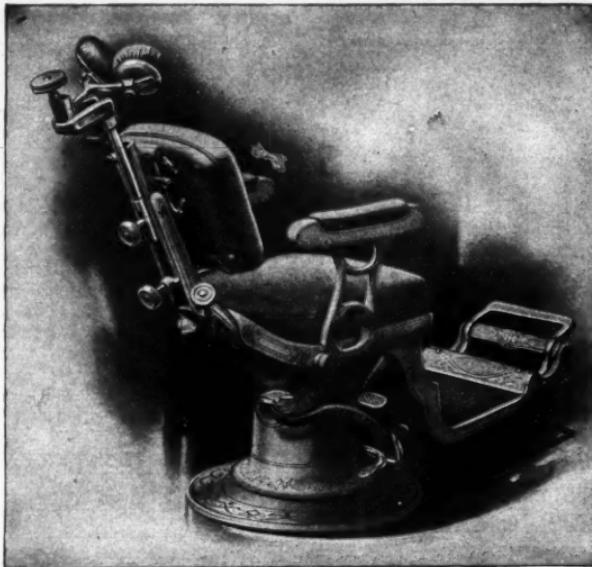
Do not swallow the food until it loses its original taste.

Do not try to swallow at all; just keep chewing the food and enjoying it until it disappears by involuntary swallowing.

If you do not have time to chew your food properly it is better to eat a smaller amount or not to eat it at all until you do have sufficient time.

The last taste of the food is the best.—*Rochester Dental Record*.

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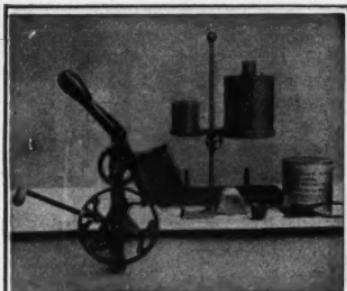
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REPORT OF NEW YORK HYGIENE COUNCIL

(Continued from page 576.)
question in reference to sterile gauze seems to be more generally practiced than is creditable. The question in reference to hygienic care of ward patients is of the greatest importance, but received the least amount of routine attention, and we commend this study to the future Committee's consideration.

Three lectures before medical society sections have been delivered by a member of the Committee, which has succeeded in stimulating an interesting discussion and attracting the attention of these organizations, including publication of the lectures by medical journals through which a greater interest has been stimulated.

It is further suggested that each district society may be represented by a member upon this Committee, furthering the cause.

Respectfully submitted,
(Signed) **HENRY C. FERRIS,**
Chairman.
L. S. BLATNER, Secretary.

Your chairman apologizes for the length of this report but considered the subject of such great importance as to warrant a detailed report of the activities of this council during the past year. The cordiality with which our efforts have been received by medical profession, educational authorities and others, makes this movement seem most timely, and spurs us on to greater efforts for the future.

DENTAL PUBLISHER RETIRES

On account of ill health a well known publisher of dental journals is giving up a lucrative practice in one of Chicago's downtown skyscrapers to lead an outdoor life in Texas. Last year his cash receipts were \$5,000 and his office inventory is \$1,700. He offers to sell for \$2,500. An ethical member of the profession will be introduced and recommended to his old patients. Address, DR. EDWARD S. BARBER, 42 Madison Street, Chicago, Ill.